

## DEPARTMENT OF HEALTH

Division of Environmental Health Technical Services 10777 Main Street, Suite 100-A Fairfax, Virginia 22030-6903

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## **Affidavit of Exemption**

This writt to your fa		ement is an Affidavit of Exemption. Please of	check the statement that applies	
	1)	This facility shall be licensed and inspected by the Virginia Department of Social Services. As such, this facility shall not be required to obtain a permit from the Fairfax County Health Department and Board of Zoning Appeals letter of approval shall not be required of the Health Department.		
	2)	This facility is religiously exempt and/or exempt as an accredited school from licensure by the Virginia Department of Social Services. As such, this facility will be regulated by the Fairfax County Health Department.		
I,	my kn	, do hereby state that the statement checked above is my knowledge and I do adhere by all rules and regulations governing my decision.		
Name of Fa	acility:			
Address: _				
Tax Map No:		Permit No:		
Signature		ature	Date	
County Official (Signature)		al (Signature)	Date	
County Official (Print Name)		nl (Print Name)		

FHD-EH-152

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